Revised



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Licensing Year:_____
License No.:____
Date Issued:

APPLICATION FOR PRIVATE REFUSE HAULER LICENSE

Company Name								
Business Address								
Mailing Address								
Equipment & Storage Location Address, if different								
Business Owner(s)								
Address								
Manager's Business Address Manager's Phone								
Do you pickup trash from customers who reside outside of Saline County which is taken to the Salina Landfill? Yes No If yes, give location(s)								
Vehicles to be operated:								
YEAR MAKE MODEL	SERIAL NO. KS TAG NO.							
The following must be with this application:								
 A copy of the title for each vehicle listed above. Proof of insurance showing coverage of each vehicle listed above with \$500,000 liability minimum. Appropriate license fee \$77.50 + \$137.50 per truck listed. 								
I agree to comply with all requirements of the Salina Code and regulations relating to the operation of such business. I agree to maintain liability insurance coverage on each vehicle, and any replacement or additional vehicles obtained at a minimum of \$500,000 throughout the term of this license. I agree to give any duly authorized representative of the City of Salina free access to my premises for the purpose of inspection. I agree my license may be revoked or suspended if I am found to have violated such requirements or regulations or if I have misrepresented any facts in this application.								
DatePrint Name_	Signature & Position							

\$77.50 per Service per year + \$137.50 per truck listed					
Amount Paid \$	Date	Receipt No	Received by		
		Zoning Certifica	te		
			and does/does not comply with the provisions e. Approved/Disapproved.		
Date		Planning Department	 		
Approved/Disapproved	d				
Date		City Clerk			
Rev. 11/01/09			REFU		